Town of Lebanon Health Department 579 Exeter Rd.

Lebanon, CT 06249

Phone: 860-642-6028 Fax: 860-642-2022

Permit # _____

Property Location: Town:	Street:		Street #: Lot #:	
Owner:		Phone #:		
Address:				
Installer:	License #:	Expira	ation Date:	
Address:	Phone #:			
No. of Bedrooms: Use	of Structure:			
Garbage grinder?NoY	Yes Whirlpool/Oversize	tub?NoYo	es No. of Gals	
Non-residential design criteria:_		Flo	owGPI	
Within 200 ft. of a public water s	supply? _Yes _No	Within 200 ft. of a p	oublic sewer?YesN	
Water Supply:PublicWell	Footing Drain:	YesNo Cu	rtain Drain:YesN	
In-ground Fuel Tank:Yes	No Easements on Lot	_YesNo On a l	Flood Plain?:YesN	
Lot size:S.F. Within 1	00 ft. of a: Watercourse	or Pond:YesN	o Wetlands:YesN	
***********	*********	********	*********	
Site Testing - \$120/lotNew	SystemSubdivision	No. of Lots	\$	
Sewage Disposal System Permi	tNew system- \$120) Repair-\$120	\$	
Plan ReviewResidential	-\$60Commerc	ial - \$100	\$	
Septic & Well Inspection for Sale of Property - \$50			\$	
		Total Fee Due	e \$	
Fee Paid: \$ Cash: _	Check #:	Receipt #:	Date:	
*********	********	*******	*********	
Signature of Installer:			Date:	
		cense and sign the ap		

- A set of house plans must be submitted with the application for new construction.
- The applicant for site testing must arrange for a backhoe and supply 10 gallons of water on-site.
- A minimum of 4 test holes and a perc test, in the primary and reserve areas, are required per lot
- An accurate plot plan, to scale, must accompany the application.
- The fee must be submitted with the application prior to testing the lot.
- Someone familiar with the site must meet the sanitarian at the time of testing.
- The licensed installer must be present at the time of the final inspection.